

Please type or print

NEW YORK STATE BAR ASSOCIATION LAWYER REFERRAL & INFORMATION
SERVICE

SUBJECT MATTER REQUIREMENTS
and
APPLICATION AND QUALIFICATION STATEMENT
for the
MEDICAL MALPRACTICE PANEL

Name: _____

Year of Admission _____

Firm: _____

Address: _____

Phone: _____

Fax: _____

I hereby apply for membership on the NYSBA LAWYER REFERRAL & INFORMATION SERVICE MEDICAL MALPRACTICE PANEL and wish to receive referrals therefor.

In order to be referred matters on the Medical Malpractice Panel, an attorney must have fully prepared for trial or ADR, including all discovery, or tried to jury verdict, at least five personal injury cases including two medical malpractice cases in the last five years. In addition, the attorney hereby certifies that at least 20% of his or her practice **within the past five years** involves negligence-related claims. This application must be approved by the Committee on Lawyer Referral Services. Other experience may qualify in lieu thereof, and may be included with this Medical Malpractice Panel Application. A current resume would be useful to the Committee.

Describe relevant CLE programs you attended in this field of law (i.e. title, sponsor, hours), or other methods of keeping current, in the past two years:

Please type or print

NEW YORK STATE BAR ASSOCIATION LAWYER REFERRAL & INFORMATION
SERVICE

SUBJECT MATTER REQUIREMENTS
and
APPLICATION AND QUALIFICATION STATEMENT
for the
MEDICAL MALPRACTICE PANEL

Case #1

Identification (Name of Client, Title of Case) _____

Index #, **including year** _____ RJI Number _____

Court _____ County _____

Description of Injury _____

Description of work completed _____

Month and Year of Completion of Case _____

Amount of Settlement or Verdict _____

Judge _____

Opposing Counsel _____

Please type or print

NEW YORK STATE BAR ASSOCIATION LAWYER REFERRAL & INFORMATION
SERVICE

SUBJECT MATTER REQUIREMENTS
and
APPLICATION AND QUALIFICATION STATEMENT
for the
MEDICAL MALPRACTICE PANEL

Case #2

Identification (Name of Client, Title of Case) _____

Index #, **including year** _____ RJI Number _____

Court _____ County _____

Description of Injury _____

Description of work completed _____

Month and Year of Completion of Case _____

Amount of Settlement or Verdict _____

Judge _____

Opposing Counsel _____

Please type or print

NEW YORK STATE BAR ASSOCIATION LAWYER REFERRAL & INFORMATION
SERVICE

SUBJECT MATTER REQUIREMENTS
and
APPLICATION AND QUALIFICATION STATEMENT
for the
MEDICAL MALPRACTICE PANEL

Case #3

Identification (Name of Client, Title of Case) _____

Index #, **including year** _____ RJI Number _____

Court _____ County _____

Description of Injury _____

Description of work completed _____

Month and Year of Completion of Case _____

Amount of Settlement or Verdict _____

Judge _____

Opposing Counsel _____

Please type or print

NEW YORK STATE BAR ASSOCIATION LAWYER REFERRAL & INFORMATION
SERVICE

SUBJECT MATTER REQUIREMENTS
and
APPLICATION AND QUALIFICATION STATEMENT
for the
MEDICAL MALPRACTICE PANEL

Case #4

Identification (Name of Client, Title of Case) _____

Index #, **including year** _____ RJI Number _____

Court _____ County _____

Description of Injury _____

Description of work completed _____

Month and Year of Completion of Case _____

Amount of Settlement or Verdict _____

Judge _____

Opposing Counsel _____

Please type or print

NEW YORK STATE BAR ASSOCIATION LAWYER REFERRAL & INFORMATION
SERVICE

SUBJECT MATTER REQUIREMENTS
and
APPLICATION AND QUALIFICATION STATEMENT
for the
MEDICAL MALPRACTICE PANEL

Case #5

Identification (Name of Client, Title of Case) _____

Index #, **including year** _____ RJI Number _____

Court _____ County _____

Description of Injury _____

Description of work completed _____

Month and Year of Completion of Case _____

Amount of Settlement or Verdict _____

Judge _____

Opposing Counsel _____

Please type or print

NEW YORK STATE BAR ASSOCIATION LAWYER REFERRAL & INFORMATION
SERVICE

SUBJECT MATTER REQUIREMENTS
and
APPLICATION AND QUALIFICATION STATEMENT
for the
MEDICAL MALPRACTICE PANEL

I submit the above information in support of my application for membership on the Medical Malpractice Panel of the NYSBA Lawyer Referral & Information Service. I agree to cooperate with the Committee on Lawyer Referral Services in facilitating reasonable verification thereof and in otherwise reviewing my qualifications for the Medical Malpractice Panel. I have read and I am familiar with the LRIS Rules and agree to abide by them. I further understand that a 10% referral fee is due on all fees, excluding disbursements, of \$500 or more resulting from a referral on this Panel. If for any reason I do not proceed with a referred case myself, I shall refer the case to the LRIS for another referral.

Enclosed is \$100 registration fee for a five year medical malpractice panel membership.

I have full responsibility for all matters listed on this application. Yes No

If no, please explain: _____

I affirm that the foregoing is true and correct.

Executed at _____, New York on the
_____ day of _____ 20__.

Signature

Continued membership on this panel is subject to annual application being submitted in conjunction with the annual membership on the LRIS panel.